Debtor 1 Serena	Evon	Williams				
First Name	e Middle Name	Last Name	Che	eck if this is:		
Debtor 2 (Spouse, if filing) First Name	e Middle Name	Last Name	_	An amended filing		
United States Bankruptcy Cou		DISTRICT OF TEXAS		A supplement showing postpetition		
• •	7-H2-13	DIOTRICT OF TEXAS	_	chapter 13 income as of the following da		
(if known)				MM / DD / YYYY		
official Form 106I						
chedule I: Your Inco	ame.			12/1		
Chedule I. Tour inco	onie			12/		
out your spouse. If more spa	ce is needed, attach a se	parate sheet to this form		any additional pages, write		
clude information about your sout your spouse. If more spa our name and case number (if	ce is needed, attach a se known). Answer every q	parate sheet to this form		any additional pages, write		
pout your spouse. If more spa our name and case number (if Part 1: Describe Emp	ce is needed, attach a se known). Answer every q	parate sheet to this form		any additional pages, write		
pout your spouse. If more span our name and case number (if Part 1: Describe Employment information.	ce is needed, attach a se known). Answer every q	parate sheet to this form		any additional pages, write Debtor 2 or non-filing spouse		
Part 1: Describe Employment information. If you have more than one job, attach a separate page	ce is needed, attach a se known). Answer every q	parate sheet to this formulestion. Debtor 1 Employed		Debtor 2 or non-filing spouse ☐ Employed		
Part 1: Describe Employment information. If you have more than one	ce is needed, attach a seknown). Answer every quoyment Employment status	Debtor 1 Margin Margin		Debtor 2 or non-filing spouse		
Part 1: Describe Employment information. If you have more than one job, attach a separate page with information about additional employers.	ce is needed, attach a se known). Answer every q oyment	parate sheet to this formulestion. Debtor 1 Employed		Debtor 2 or non-filing spouse ☐ Employed		
Part 1: Describe Employment information. If you have more than one job, attach a separate page with information about	ce is needed, attach a seknown). Answer every quoyment Employment status	Debtor 1 Margin Margin		Debtor 2 or non-filing spouse ☐ Employed		
Part 1: Describe Employer spanning and case number (if Part 1: Describe Employer information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include	ce is needed, attach a seknown). Answer every question	Debtor 1 Employed Not employed Administrator		Debtor 2 or non-filing spouse Employed Not employed		
Part 1: Describe Employers in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work.	ce is needed, attach a seknown). Answer every quoyment Employment status Occupation Employer's name	Debtor 1 Employed Not employed Administrator Alief ISD		Debtor 2 or non-filing spouse ☐ Employed		
Part 1: Describe Employer spanning and case number (if Part 1: Describe Employer to provide the provided and case number (if Part 1: Describe Employer to provide the provided and case number (if Part 1: Describe Employer to provide the provided to provided the provided and case number 1: Describe Employer to provide the provided to provided the provi	ce is needed, attach a seknown). Answer every quoyment Employment status Occupation Employer's name	Debtor 1 Employed Not employed Administrator Alief ISD PO Box 68		Debtor 2 or non-filing spouse Employed Not employed		
Part 1: Describe Employer spanning and case number (if Part 1: Describe Employer to provide the provided and case number (if Part 1: Describe Employer to provide the provided and case number (if Part 1: Describe Employer to provide the provided to provided the provided and case number 1: Describe Employer to provide the provided to provided the provi	ce is needed, attach a seknown). Answer every quoyment Employment status Occupation Employer's name	Debtor 1 Employed Not employed Administrator Alief ISD PO Box 68		Debtor 2 or non-filing spouse Employed Not employed		
Part 1: Describe Employer spanning and case number (if Part 1: Describe Employer information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it	ce is needed, attach a seknown). Answer every quoyment Employment status Occupation Employer's name	Debtor 1 Employed Not employed Administrator Alief ISD PO Box 68 Number Street		Debtor 2 or non-filing spouse Employed Not employed		

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include you non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Debtor 1	non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$5,682.48	
3.	Estimate and list monthly overtime pay.	3. +	\$0.00	
4.	Calculate gross income. Add line 2 + line 3.	4.	\$5,682.48	

Official Form 106l Schedule I: Your Income page 1

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Case number (if known) 15-35677-H2-13

Williams

Debtor 1 Serena

First Name Middle Name Last Name For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here \$5,682.48 List all payroll deductions: \$427.70 5a. Tax, Medicare, and Social Security deductions 5a. \$446.08 5b. Mandatory contributions for retirement plans 5b. 5c. Voluntary contributions for retirement plans 5c. \$100.00 \$0.00 5d. Required repayments of retirement fund loans 5d. 5e. Insurance 5e. \$386.06 \$0.00 5f. Domestic support obligations 5f. \$0.00 5g. Union dues 5g. 5h. Other deductions. 5h. + \$2.00 Specify: Alief Educ Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + \$1,3<u>61.84</u> 5g + 5h. Calculate total monthly take-home pay. Subtract line 6 from line 4. \$4,320.64 List all other income regularly received: 8a. Net income from rental property and from operating a \$0.00 business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends \$0.00 8c. Family support payments that you, a non-filing spouse, or a \$0.00 8c. dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation b8 \$0.00 8e. Social Security 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any noncash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$0.00 8g. Pension or retirement income 8g. \$0.00 8h. Other monthly income. 8h. 🛓 Specify: See continuation sheet \$3,300.00 **Add all other income.** Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. \$3,300.00 Calculate monthly income. Add line 7 + line 9. \$7,620.64 \$7,620.64 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. \$0.00 Specify: 11. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly 12 \$7,620.64 income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, Combined if it applies. monthly income 13. Do you expect an increase or decrease within the year after you file this form? None. Yes. Explain:

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Case number (if known) <u>15-35677-H2-13</u>

Williams

Last Name

Evon

Middle Name

Debtor 1 Serena

First Name

8h. Other Monthly Income (details)
Rental Income
Dept of Housing
Boyfriends Contribution

For Debtor 1
non-filing spouse

\$598.00
\$902.00

\$1,800.00

Totals: \$3,300.00

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Fill ir	n this inforn	nation to ide	ntify yo	ur case:			C la	ا علم الجاء الم	· io.	
Debt	tor 1	Serena	F	von	Willia	ms	■ Che	ck if this	s is: ended filing	
5051	.01	First Name		iddle Name	Last Na				lement showing	postpetition
Debt (Spo	tor 2 buse, if filing)	First Name	M	iddle Name	Last Na	me			r 13 expenses a ng date:	s of the
` '	3,	ruptcy Court for	the SO	UTHERN DIS	TRICT OF	TEXAS		NANA / D	D ()000/	_
	e number	15-35677-H		OTTILITIES DIO	111101 01	TEXAG		MM / D	D / YYYY	
	nown)									
Officia	al Form 10)6J								
Sche	dule J: Yo	our Expen	ses							12/1
	-				-	ing together, both a	-	-		
		If more space is er (if known). <i>I</i>			r sheet to t	his form. On the top	o of an	y additi	onal pages, wri	te your
Part	1. Descr	ibe Your Ho	usehold							
	this a joint cas									
_										
☑	No. Go to lir	ne 2. Debtor 2 live in	a senarat	e household?						
Ц	∏ No		၁၁၉۵۱ ۵۱	- 11040011014 i						
	☐ Ye	s. Debtor 2 mus	st file Offic	cial Form 106J-2	2, Expenses	s for Separate House	hold o	Debtor	2.	
2. Do	you have dep	endents?	☐ No							
Do	not list Debtor	1 and		Fill out this info		Dependent's relati		p to	Dependent's age	Does dependent live with you?
Del	btor 2.					Son			11	□ No - 📝 Yes
	not state the d	ependents'				Daughter			2	□ No
Hal	mes.					Daugnter			<u> </u>	Yes
						Son			10 Months	□ No - 📝 Yes
										□ No
						-				Yes
										□ No - □ Yes
3. Do	your expense	es include	N	No						—
	•	ple other than		Yes						
you	urself and you	r dependents?								
Part :	2: Estima	ate Your On	going M	onthly Expe	nses					
Estimat	e your expens	ses as of your b	ankruptc	y filing date un	less you a	re using this form a	s a su	pplemei	nt in a Chapter	13 case
-	-			ruptcy is filed.	If this is a	supplemental Sche	dule J	, check	the box at the t	op of
		applicable dat			anaa if wax	langua the velue of				
	•		_		•	know the value of cial Form 106l.)			Your expens	es
4. The	e rental or hor	ne ownership e	ynenses	for vour reside	ence				4.	\$1,600.00
		age payments a	•	•						ψ1,000.00
lf n	not included in	line 4:								
4a.	. Real estate t	axes							4a	
4b.	. Property, hor	meowner's, or re	nter's insu	ırance					4b	
4c.	Home mainte	enance, repair, a	and upkee	p expenses					4c	\$120.00
4d.	. Homeowner's	s association or	condomin	ium dues					4d.	\$30.00

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Debtor 1 Serena Evon Williams Case number (if known) 15-35677-H2-13

Last Name

		Your expe	enses
5.	Additional mortgage payments for your residence, such as home equity loans	5	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$180.00
	6b. Water, sewer, garbage collection	6b.	\$100.00
	6c. Telephone, cell phone, Internet, satellite, and	6c	\$70.00
	cable services 6d. Other. Specify: Cell Phone	6d.	\$110.00
7.	Food and housekeeping supplies	7.	\$650.00
8.	Childcare and children's education costs	8.	\$1,012.00
9.	Clothing, laundry, and dry cleaning	9.	\$1,012.00
10.	•	10.	\$75.00
	Medical and dental expenses	11.	\$50.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$260.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	
14.	Charitable contributions and religious donations	14.	
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	\$83.00
	15b. Health insurance	15b	
	15c. Vehicle insurance	15c	\$300.00
	15d. Other insurance. Specify:	15d.	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	
	17b. Car payments for Vehicle 2	17b.	
	17c. Other. Specify:	 17c.	
	17d. Other. Specify:	 17d.	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19.	Other payments you make to support others who do not live with you. Specify:	19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a.	_
	20b. Real estate taxes	20b.	
	20c. Property, homeowner's, or renter's insurance	20c.	
	20d. Maintenance, repair, and upkeep expenses	20d	
	20e. Homeowner's association or condominium dues	20e.	

First Name

Middle Name

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Deb	otor 1	Serena	Evon	Williams	Case number (if known)	15-35677-H2-13	
		First Name	Middle Name	Last Name			
21.	Othe	er. Specify:	Diapers & Wipes		21. +_	\$165.00	
22.	Calc	ulate your r	monthly expenses.		_		
	22a.	Add lines	4 through 21.		22a	\$4,855.00	
	22b.	Copy line	22 (monthly expenses for	Debtor 2), if any, from Official Form 106J-2	2. 22b		
	22c.	Add line 2	22a and 22b. The result is	your monthly expenses.	22c	\$ <u>4,855.00</u>	
23.	Calc	ulate your r	monthly net income.				
	23a.	Copy line	12 (your combined month	ly income) from Schedule I.	23a	\$7,620.64	
	23b.	Copy your	r monthly expenses from li	ine 22c above.	23b. _ _	\$4,855.00	
	23c.		your monthly expenses from the state of the		23c	\$2,765.64	
24.	Do y	ou expect a	an increase or decrease	in your expenses within the year after yo	ou file this form?		
	For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						
	$\overline{\mathbf{Q}}$	No.	 				
		Yes. Explai	in here:				

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Fill in this information to identify your case:				
Debtor 1	Serena	Evon	Williams	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for	r the: SOUTHERN D	ISTRICT OF TEXAS	
Case number	15-35677-H2-	13		
(if known)				

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below							
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?							
☑ No							
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).						
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.							
X /s/ Serena Evon Williams Signature of Debtor 1	X Signature of Debtor 2						
Date <u>02/04/2016</u> MM / DD / YYYY	Date MM / DD / YYYY						